

JM/S

U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number:

*S. V. SWOPES**08cr 549 - 4*
08cr 549

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

SHERMAN SWOPES

FILED

JUL 11 2008

MAGISTRATE JUDGE JEFFREY COLE
UNITED STATES DISTRICT COURT

NAME (Type or print)	
Susan Shatz	
SIGNATURE (Use electronic signature if the appearance form is filed electronically)	
s/Susan Shatz	
FIRM	
STREET ADDRESS	
407 S. Dearborn St. # 1675	
CITY/STATE/ZIP	
Chicago, Il. 60605	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER
6201884	312-697-0022
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RETAINED COUNSEL <input type="checkbox"/>	APPOINTED COUNSEL <input checked="" type="checkbox"/>